

Wabaunsee County Health Department
215 Kansas Avenue
Alma, KS 66401
785-765-2425
health@wbcounty.org



To the Parents or Guardian –

If you are completing this form for a child or for someone for whom you are guardian. We request that you send copies (front and back) of the individuals insurance card(s) along with the consent form.

Please note that we need the name of the primary insured and their date of birth if the child/individual is on their insurance policy.

A child must be 18 years of age to sign their own release form.

Thank you!

A handwritten signature in black ink that reads "Barbara Moses". The signature is fluid and cursive, with a long, sweeping underline that extends to the left.

Barbara Moses, RN
County Health Nurse
Wabaunsee Co. Health Dept.
785-765-2425
bmoses@wbcounty.org

2022-23 INFLUENZA (FLU SHOT) CONSENT FORM

FOR CLINICAL USE ONLY					
Influenza REG QUAD	0.50mL 1 2	RT LT	Deltoid Vastus Lat.	IM	
Influenza HIGH DOSE	0.70mL 1	RT LT	Deltoid	IM	
SIGNATURE & TITLE OF VACCINE ADMINISTRATOR:					Date:
Vaccine Stock Type:		VaxCare		VFC/CHIP	
CASH _____		CHECK# _____		AMT PAID \$ _____	

----PLEASE COMPLETE PATIENT INFORMATION----

LAST NAME:	FIRST NAME:	MI:
STREET ADDRESS:	CITY:	STATE: ZIP CODE:
PHONE:	BIRTHDAY: ____/____/____	AGE: GENDER: MALE / FEMALE
EMAIL ADDRESS:		
MEDICAID (KANCARE) MEDICARE	NUMBER:	
	SSN (MEDICARE D ONLY):	
PRIMARY INSURANCE COMPANY NAME:	MEMBER ID:	
	GROUP ID:	
PRIMARY INSURED:	BIRTHDAY:	

- | | | |
|----|--|------------|
| | | CIRCLE ONE |
| 1. | Do you have a severe allergy to eggs or any other ingredient of the vaccine? | YES or NO |
| 2. | Have you ever had a life-threatening reaction to flu vaccine? | YES or NO |
| 3. | Do you have a history of Guillain-Barre Syndrome? | YES or NO |
| 4. | Are you moderately or severely ill today, with a high fever? | YES or NO |

I have been offered a copy of the Vaccine Information Statement (VIS - 8/6/2021). I have read, or had Explained to me, and understand the information in the VIS.

I ask that the influenza vaccine be given to me or to the person named below for whom I am authorized to make this request. I consent to inclusion of this immunization data in the Kansas Immunization Registry (KSWebIZ) for myself or on behalf of the person named below.

I acknowledge that I have received/been offered a copy of Wabaunsee County Health Department's Notice of Privacy Practices effective January 7, 2016.

Consent for Use of Protected Health Information & Claims Assignment: I hereby consent to and acknowledge the receipt of a Notice of Privacy Practices regarding the use and disclosure of my personal health information for the purpose of health care operations, along with the assignment of all payment from the insurer listed above to *VaxCare* associated with the services contemplated herein.

Signature _____ **Date** _____

WABAUNSEE COUNTY HEALTH DEPARTMENT COURTHOUSE
215 KANSAS AVE - ALMA, KS 66401
785-765-2425

VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Influenza vaccine can prevent influenza (flu).

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant people, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4. Risks of a vaccine reaction

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/flu.

